

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Grassroots Campaigns Inc			Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012		
Mailing Address 59 Temple Pl Ste 404 Suite 404			Amount 380.00		
City Boston State MA Zip Code 02111-1307		Transaction ID : E379A1D0FEE2D4CA0A64			
Purpose of Expenditure Canvassing Costs		Category/ Type 	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy M. Kaine			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1946.47			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Grassroots Campaigns Inc			Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012		
Mailing Address 59 Temple Pl Ste 404 Suite 404			Amount 285.00		
City Boston State MA Zip Code 02111-1307		Transaction ID : EF008E6D4569741479FE			
Purpose of Expenditure Canvassing Costs		Category/ Type 	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Timothy M. Kaine			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2231.47			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			665.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Patrick Collins</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2012</p>					

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

LCV Victory Fund

FEC IDENTIFICATION NUMBER ▼

C

C00486845

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Grassroots Campaigns Inc

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address 59 Temple Pl Ste 404

Suite 404

City

Boston

State

MA

Zip Code

02111-1307

Amount

1500.00

Transaction ID : E7AFEB6BBB234072BD4

Purpose of Expenditure
ESTIMATE: Canvassing CostsCategory/
Type

Office Sought:

☐ House

State: VA

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Timothy M. Kaine

Calendar Year-To-Date Per Election
for Office Sought

3731.47

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

2165.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Collins

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature